SHELBY COUNTY BOARD OF COMMISSIONERS AGENDA ROUTE SHEET

	Referred to Commission Committee: _		<u> </u>
	For Commission Action on:		
DESCRIPTION OF ITE	EM:		
AMOUNT OF \$5,5 GENERAL FOR TH FROM THE BYRN \$10,000.00. THIS IT IN THE AMOUNT (AMENDING THE FY2010 OPER 537.00 FOR THE OFFICE OF THE UNEXPENDED GRANT FUNDS IN JUSTICE ASSISTANCE GRANT FEM REQUIRES EXPENDITURE OF \$5,537.00. MMISSIONER SIDNEY CHISM.	THE DISTR AUTHOR NT IN TI	RICT ATTORNEY IZED FOR FY2009 HE AMOUNT OF
CHECK ALL THAT AF	PPLY BELOW:		
This Action doe	s NOT require expenditure of funds.		
X This Item requ	ires/approves expenditure of funds as fol	lows (comple	ete all that apply):
County General Funds	: \$; County CIP Funds- \$		
State Grant Funds: \$; State Gas Tax Funds:	\$	
Federal Grant Funds: \$	\$ 5,537.00		
Other funds (Specify so	ource and amount): \$		
Other pass-thru funds ((Specify source and amount): \$		
Originating Departme APPROVAL:	nt: Shelby County District Attorney G	ieneral's Off	ice
Dept. Head:	(Type your name & phone #.)		\
Elected Official:	Priscilla C. Campbell545-5955_ (Type your name & phone #.)	_\ (Initials)	\07/23/09 (Date)
Division Director:	() - - - - - - - - -	\	\
	(Type your name & phone #.)	(Initials)	(Date)
CIP – A&F Director:	(Type your name & phone #.)	(Initials)	_ (Date)
Finance Dent	(Type your name & phone #.)	(IIIIIais)	(Date)
Finance Dept	(Type your name & phone #.)	(Initials)	(Date)

County Attorney:

	(Type your name & phone #.)	(Initials)	(Date)
CAO/Mayor:		\	\
•	(Type your name & phone #.)	(Initials)	(Date)